DECLARATION/PO		Attorney Docke	et Number: RPI-13	38US				
FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named In	ventor: Jingzh	ou XU				
			COMPLETE IF KNOWN					
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Num	nber: 10/537	7,626				
		Filing Date:	June 3	3, 2005				
		Art Unit:						
I/we hereby authorize my/our attorney(s)/agent(s) to select the appropriate check box (shown above) at the time of filing of this Declaration/Power of Attorney for Utility or Design Patent Application and to enter any necessary information into this document.		of Examine Name	:					
I hereby declare that:								
Each inventor's residence, mailing a								
I believe the inventor(s) named belo sought on the invention entitled:	w to be the original and first invo	entor(s) of the subject	matter which is claimed	and for which	a patent is			
HIGH REPETITION RATE, LINE	EAR, TRUE TIME OPTICAL DE	LAY LINE						
the specification of which	(Title o	of the Invention)						
is attached hereto								
OR OR								
was filed on (MM/DD/YYY PCT/US05/007500 and was ameno National Phase Application (if applic					<u>าe U.S.</u>			
I hereby state that I have reviewed a amendment specifically referred to a		the above identified sp	ecification, including the	e claims, as ar	nended by any			
I acknowledge the duty to disclose in applications, material information whe filing date of the continuation-in-part	nich became available between							
I hereby claim foreign priority benefit breeder's rights certificate(s), or 365 of America, listed below and have al rights certificate(s), or any PCT inter	(a) of any PCT international app lso identified below, by checking	olication which designate the box, any foreign a	ited at least one country application for patent, in	other than th ventor's or pla	e United States int breeder's			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? No			
Additional foreign application number	s are listed on a supplemental priori	ty data sheet attached he	reto.					

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint: Practitioners at Customer OR Practitioner(s) named below:	Number <u>23122</u>					
Name			Registration Number			
as my/our attorney(s) or agent(s) to Patent and Trademark Office connec	prosecute the application leter therewith.	dentified above, and to	transact all business in the United States			
Direct all correspondence to: Practitioners Customer Number listed above; OR Correspondence Address Below						
Name:						
Address:						
City:	State:		Zip:			
Country:	Telephone:		Fax			
belief are believed to be true; and fur	ther that these statements wor imprisonment, or both, und	ere made with the know der 18 U.S.C. 1001 and	all statements made on information and wiedge that willful false statements and the that such willful false statements may			
Name of Sole or First Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle (if any))		Family Name or Surname				
Jingzhou		ΧU				
Inventor's Signature	antis		Date: 03/08/06			
Residence: City: They Ann Ay	boy State: My MI	Country: USA	Citizenship: China			
Mailing Address: 125 Orchard Avenue 1411 Notalle In , #201						
Mailing Address:						
City: They Ann Arboy	State: NH MI	zip: 1210 48/03	Country: USA			
Additional Inventors are liste	d on the next page.					

[Page 2 of 3]

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle (if any))		Family Name or Surname				
Xi-Cheng		ZHANG				
Inventor's Signature		2/	Date: 8/8/2006			
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City: Melrose	State: NY	Zip: 12121-2921	Country: USA			
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature			Date:			
Residence: City:	State:	Country: Citizenship:				
Malling Address:						
Mailing Address:						
City:	State:	Zip: Country:				
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.				
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature		Date:				
Residence: City:	State:	Country:	Citizenship:			
Mailing Address:						
Mailing Address:						
City:	State:	Zip:	Country:			
Additional inventors are listed on	Supplemental She	eet(s).				